

***“Supporting our member councils
to be the best they can be for their groups.”***

Maternity Clinical Network NHS England and NHS Improvement East of England

**Equality in Health – Embedding Cultural Awareness in
Maternity and Neonatal Care (Phase One)**

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***“The NHS must welcome all with a
culture of belonging and trust.
We must understand, encourage
and celebrate diversity in all its
forms.”***

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Introduction

In April 2021 the East of England Maternity Clinical Network, NHS England and NHS Improvement, began a project partnership with the East of England Local Government Association, via the Strategic Migration Partnership, to deliver a unique programme of cultural awareness training, providing guidance and advice for maternity, neonatal and perinatal health care professionals.

Since 2011, the Strategic Migration Partnership has been delivering a wide range engagement and integration projects with Ethnic Minority Groups across the East of England. We understand the challenges health professionals can experience when supporting a wide range of culturally diverse and dynamic groups. This can include language barriers, a reluctance to engage with professionals and a mistrust of the NHS system because of past relationships with authorities in countries of origin. We also understand that for many Ethnic Minority Groups, healthcare in the UK can be seen as confusing and often inaccessible due to a lack of appropriate information and a reliance on people having access to digital devices.

In response to the challenges faced by the healthcare profession and Ethnic Minority Groups, we have worked in partnership with different Ethnic Minority Groups and professionals to create cultural awareness workshops, which are both effective and efficient at ensuring the development of sustainable maternity and neonatal care pathways for different groups across the East of England.

The Need for the Project



In November 2008, Professor Sir Michael Marmot was asked by the then Secretary of State for Health, to chair an independent review to propose the most effective evidence based strategies for reducing health inequalities in England from 2010. The review placed empowerment of individuals and groups at the centre of action to reduce health inequalities. The vision was to create conditions for individuals to take control of their own lives by removing structural barriers to participation and facilitating and developing capacity and capability through personal and groups development. [Fair Society Healthy Lives \(The Marmot Review\) - IHE \(instituteofhealthequity.org\)](https://www.instituteofhealthequity.org/)

The '10 years on' report shows that in England, health is getting worse for people living in more deprived districts and regions, health inequalities are increasing and, for the population as a whole, health is declining. The data that this report brings together also show that for almost of all the recommendations made in the original Marmot Review, the country has been moving in the wrong direction. In particular, lives for people

towards the bottom of the social hierarchy have been made more difficult. [Health Equity in England The Marmot Review 10 Years On executive summary web.pdf](#)

The MBRRACE-UK report demonstrates the continued disparity in maternal mortality rates between women from Black and Asian aggregated Ethnic Minority Groups and White women, more than four times higher for Black women, two times higher for mixed ethnicity women and almost twice as high for Asian women. This picture has not changed in over a decade, if not longer.

Maternal and Perinatal Mortality in the UK in 2018*

	Ethnic Group				Quantiles of Deprivation	
	Black	Asian	Mixed	White	Most Deprived	Least Deprived
Maternal mortality rate per 100,00 maternities ⁴	34.27	14.65	25.14	7.87	15.27	5.70
Numbers of maternal deaths 2016 - 18	28	28	8	117	74	15
Relative risk of maternal death	x4	x2	x3	Reference	x3	Reference
Stillbirths per 1,000 total births ⁶	7.35	5.31	4.25	3.39	4.68	2.61
Ratios of mortality rates for stillbirth	2.17	1.57	1.25	Reference	1.79	Reference
Neonatal mortality rate per 1,000 live births ⁶	2.39	2.63	1.56	1.65	2.2	1.23
Ratio of mortality rates for neonatal deaths	1.45	1.59	0.94	Reference	1.79	Reference

* For maternal mortality, quintiles of deprivation are for England only.

Previous life experiences, racist attitudes, microaggressions, dismissal of concerns and breakdown of trust with any health profession or figure of authority can affect interactions with maternity services [The Bias Trap - A Way Forward - Welcome \(southeastclinicalnetworks.nhs.uk\)](#). MBRRACE states that women do not receive essential contraceptive and pre-pregnancy advice because of structural and cultural biases. It is also evident that factors such as socioeconomic deprivation, language difficulties, mental health problems, obesity, and domestic abuse combine to increase the impact of the structural and cultural biases women experience simply because they are, have been, or might become, pregnant. [MBRRACE-UK Maternal Report 2021 - FINAL - WEB VERSION.pdf \(ox.ac.uk\)](#)

Integration and Engagement in the East of England

The East of England is an incredibly diverse place, and the Coronavirus pandemic has highlighted health inequalities that have existed long before the Marmot Review took place. The variety of Ethnic Minority Groups that live in the region provide it with an extensive range of languages, cultures and history that deserve not only to be acknowledged, but actively engaged with and celebrated.

As a Project Manager I have often heard professionals say that certain groups are ‘hard to reach’; “...they don’t attend appointments or respond to letters; they are simply not interested in engaging with us”. These are the type of comments I’ve heard all too often. My initial response is to question why? Where and when are the meetings held, are interpreters used? Are letters sent in the correct languages? Are the groups

you're trying to engage with aware of your role and service? As a service are you sympathetic to their personal circumstances, and is there anything you could adapt to make it easier for them to access the service you provide? Every group has some form of 'meeting', regardless of the form it takes. For example, could professionals visit the local church, or a coffee morning at a primary school as a means to introducing themselves and the work they are delivering? Do professionals sometimes create the barriers that are preventing them from engaging with different groups?

In order to support the diverse nature of the region, cultural awareness training for professionals working with different Ethnic Minority Groups is essential. But, to be effective the training needs to be provided and delivered in a manner that enables participants to learn from members of all the Ethnic Minority Groups that make up the population of the region.

Effective cultural awareness training needs to be engaging and challenging. Participants need to feel safe to ask uncomfortable questions and examine their own unconscious bias. It is important that the training be interactive, engaging and provide those attending with the opportunity to share experiences, dispel stereotypes and understand myths. Training of this nature is absolutely fundamental to enable removal of barriers to integration and to create sustainable networks to enable a genuine understanding of the cultures present in the locality.

I have spent many hours speaking to consultants, predominantly based in London, who have been employed by professional organisations to produce cultural engagement reports. These consultants often have no local knowledge of the region about which they are reporting on. I am often contacted to explain the demographics of the East of England and will always highlight the wonderful Ethnic Minority Groups that exist, and the excellent engagement work being undertaken.

When requesting feedback from such reports, I often find them to be unfit for purpose. They often provide unrealistic recommendations pitched at fellow professionals, but fail to acknowledge the root cause of the existing fundamental challenges that are preventing us from effectively engaging with different groups. To truly engage with all the different groups in the East of England, it is essential to work in collaboration with representatives to ensure professionals listen, learn and adapt to meet different needs. It is also essential to evaluate and share experience and best practice to ensure positive improvements in both Ethnic Minority Group engagement and integration happen both regionally and nationally.



Project Delivery

For the East of England Local Government Association, via the Strategic Migration Partnership, to provide cultural awareness information, guidance and advice for maternity and neonatal care professionals to create and embed effective maternity and neonatal care pathways for different groups across the East of England.

Project Key Aims

To deliver a six month pilot project providing healthcare professionals with interactive cultural awareness training. The workshops will identify engagement issues specific to the East of England and will be delivered by members and advocates of Ethnic Minority Groups considered hard to engage with across the region. This unique and innovative training approach will provide professionals with information about the cultural background of each group, challenge the stereotypes that exist and provide realistic and effective engagement strategies. The workshops will enable professionals to ask questions of different groups and identify methods to remove barriers and improve engagement techniques. The trainers will all either be located in the East of England, or be working with groups in the region, providing professionals with points of contact for continual engagement conversations.

Approach

During the project, the Project Manager worked with different advocates some from Black, Asian and Ethnic Minority Groups to develop maternity and neonatal care specific cultural awareness workshops. These interactive workshops have provided background information to different groups and the reasons behind existing barriers to engagement. The workshops identified how professionals in the East of England can adapt their methods of engagement to ensure they are practical and efficient.

The Project Manager has completed an end of project report to highlight learning from the project and to provide recommendations for embedding cultural awareness in maternity and neonatal care. The report also includes an ongoing sustainable engagement plan for Phase Two of the project to ensure efficient and effective communication strategies are implemented between neonatal and maternity care teams and Ethnic Minority Groups.

Timeline and Deliverables of the Project

<p>April to November 2021</p>	<p>To produce eight, 2-hour virtual cultural awareness workshops delivered by East of England Ethnic Minority Groups / advocates from Black, Asian, Orthodox Jewish, LGBTQ+, Gypsy, Traveller, East European and Roma Groups. Created for neonatal, maternity and perinatal mental healthcare professionals. Every month a session will focus on a different group and will explore the history, healthcare experience and engagement barriers that may affect professionals when supporting these groups. Each interactive session will identify challenges and discuss how professionals can develop appropriate engagement strategies.</p> <p>Cultural Awareness Workshops:</p> <ul style="list-style-type: none"> ● Roma Groups ● Muslim Groups ● African Groups ● Eastern European Groups (Polish) ● LGBTQ+ Groups ● Traveller and Gypsy Groups
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	<ul style="list-style-type: none"> • Orthodox Jewish Groups • Asylum Seeker and Refugee Groups
December 2021	End of project final report

Project Actions

To support the LMNS to deliver the National Four Actions for the East of England:

- The six LMNS have co-produced an operational policy for managing the risks of COVID-19 for pregnant women from Black, Asian and Minority Ethnic Minority Groups (BAME) and implemented this to support at risk pregnant women.
- The LMNS has co-produced tailored communications to reassure pregnant ethnic minority women that maternity services are available during the pandemic, and to encourage them to seek help if they have any concerns.
- Confidence that hospitals are routinely discussing vitamins, supplements and nutrition in pregnancy with all women to help minimise the risk of Vitamin D insufficiency.
- All providers record data on maternity information systems on the ethnicity of every woman, as well as other risk factors, such as living in a deprived area (postcode), co-morbidities, BMI and aged 35 years or over, to identify those most at risk of poor outcomes.
- To identify the barriers to different groups accessing maternity services.
- To create a safe space to deliver cultural awareness workshops that support LMNS to address health inequalities linking to approaches like the National 5 priorities and Core20PLUS5, in order to have a better understanding of the groups that are at increased risk of health inequalities.

Impact on the Black, Asian and Ethnic Minority Groups, Orthodox Jewish, LGBTQ+, Gypsy, Traveller and Roma Groups

- The experience of accessing maternity services for Ethnic Minority Groups, Orthodox Jewish, LGBTQ+, Gypsy, Traveller and Roma groups will improve as a result of better cultural awareness among professionals attending the cultural awareness workshops.
- When working with Ethnic Minority Groups, Orthodox Jewish, LGBTQ+, Gypsy, Traveller and Roma groups, professionals will be better equipped to identify vulnerabilities and safeguarding concerns, enabling them to act to prevent crises.
- Professionals will provide appropriate, timely and culturally/groups sensitive support.
- Professionals will strengthen links with each other to act in the best interest of the client.
- Local Ethnic Minority Groups and maternity teams will forge links to facilitate future collaboration after the project has finished.

Innovative Aspects of the Project

- First region-wide cultural awareness project to focus on maternity care.
- Virtual training delivered by groups from or working with local Ethnic Minority Groups, Orthodox Jewish, LGBTQ+, Gypsy, Traveller and Roma groups with personal understanding and experience of the barriers that can be encountered in accessing maternity care.
- Building capacity of local Ethnic Minority Groups.

- Encouraging ongoing learning by providing workshop participants with access to a comprehensive cultural awareness guide, relating to the cultural awareness workshops and SMP website resources. This [guide](#) will contain contact details for different Ethnic Minority Groups located in the region, which can be used as a point of reference and support.

Learning Points Identified During the Project



“Over the last 9 - 10 months the Regional Maternity & Clinical Network have been working collaboratively with the Local Government Authority. The collaboration has been productive and has given group leaders and/or small organisations an opportunity to facilitate a platform of interactive learning. This learning has included a 6-month cultural awareness programme that started early June 2021.

The cultural awareness programme was a request from all our LMNS (Local Maternity and Neonatal Systems) that eLearning was not enough to learn why Ethnic minority service users do not access maternity services or seek help early. This is being led by groups leaders /professionals from LGBTQ+, Orthodox Jewish, Black African, Asian, Travellers and other Ethnic Minority Groups. A summary document will be published in January 2022.

The opportunity to collaborate has meant both maternity and neonatal staff reflect on their practices and feel empowered to make changes to improve access, experience and outcomes.

I enjoy working with Rachel, Jayne and the rest of the Local Government Association team and believe in the near future there will be bigger projects to continue embedding this work in addressing health inequalities.”
Tendai Nzirawa - Quality Improvement Manager, NHS England & NHS Improvement

Cultural Awareness Workshops

Date	Theme	Speaker	Timings	Attendee Numbers
10 June	LGBTQ+ Groups	AJ Silver – The Queer Birth Club	10:00 – 12:00	53
17 June	African Groups	Rachel Walton – African Families in the UK (AFIUK) CIC BAME Groups Development Consultant/Co-Founder	12:00 – 14:00	37
01 July	Orthodox Jewish Groups	Sarah Weiss and Malki Davidovits – The Interlink Foundation	11:00 – 13:00	21
29 July	Gypsy and Traveller Groups	Shaynie Larwood – Lead Nurse Gypsy and Traveller Health Cambridgeshire County Council	12:00 – 14:00	41
09 September	Roma Groups	Gaba Smolinska-Poffley – Roma Support Group	12:00 – 14:00	36
23 September	Muslim and Asian Groups	Faiza Rehman, Midwife, F.O. Raham Project Ferzana Kusair	12:00 – 14:00	68
07 October	Eastern European Groups	Monika Frak - PBIC	12:00 – 14:00	28
03 November	Asylum Seekers and Refugees Groups	Rose McCarthy – City of Sanctuary, Maternity Stream	13:00 – 15:00	40
			Total	324

Key definitions/terminologies in this report we acknowledged

- In March 2021, the Commission on Race and Ethnic Disparities recommended that the government stop using the term BAME. And the Final report on COVID-19 disparities published in December 2021 recommend using the government’s preferred style is to write about ethnic or ethnic minority ‘groups’ and people from ethnic minority ‘backgrounds’. We do not use the term ethnic minority ‘communities’.
- “LGBT is shorthand for lesbian, gay, bisexual and transgender...Some people who have same-sex attractions or relationships may identify as “queer,” – American Psychological Association
- In this report, we might use different terms to refer to pregnant women or pregnant people for example pregnant women or pregnant people or birthing people or expected mothers or parents to try and make

our report as inclusive as possible. We must acknowledge that *'Education never ends, but it's a series of lessons, with the greatest for the last'* by Arthur Conan Doyle

Key Learning Points

- Polish Women: many women choose to go back to Poland during their pregnancy (especially the first three months) for family support, specialist care including scans and risk assessment performed by their gynaecologist as this informs their birth plan. **Ask women about their healthcare systems in countries of origin.** This will help women understand what they will and won't receive from the NHS in the UK and will help manage expectations.
- Most refugees and asylum seekers have three fears: **FEAR** to trust (especially professionals and authority), **FEAR** of their information being shared, **FEAR** of bills (Debts of >£500 if reported to Home Office affects immigration applications).
- Gypsy, Roma and Traveller (GRT) are 20 times more likely to experience the death of a child. If you are trying to access a Gypsy / Traveller site contact advocates to support you. **It will take time for the groups to trust you.**
- **Learn how to absorb, respond and reflect** - it is impossible to learn about all the different cultures in the world. For example, Africa has 56 countries; you have to be aware of some obvious cultural differences and avoid making culturally specific assumptions.
- **Do not be afraid to ask questions** - individuals would rather you said their names correctly and understand the terminology they use to identify themselves rather than presuming and making unnecessary mistakes. **Trust** is built by professionals showing compassion and understanding and recognising that every person is unique.
- The Orthodox Jewish groups have a doula service, which supports women through childbirth. There are also mother & baby homes where the mother can recuperate after giving birth. **Remember there is a lot to learn from the good practice of different cultures.**
- **Discrimination** faced by the Roma in accessing public services in the countries of origin has created deep distrust towards public sector services and professionals. Adapting services and developing trusting relationships is essential to integration. Working with schools and **being present in the community** will help Roma groups understand your role and help remove fear and distrust.
- The ability of Roma groups to access information, book appointments online or to use apps is very limited; according to Roma Support Group research **only 20%** have IT devices such as tablets or laptops.
- Collaborate with different groups. Visit the venues that Ethnic Minority Groups use and attend regularly (for example churches) and develop relationships with group members. **Trust** is essential to reduce engagement barriers and help develop cultural appropriate services. Remember the importance of using **interpreters** to communicate with people.
- According to the LGBT in Britain: Health Report published Nov 2018 at least **One in eight** LGBT people (13 per cent) have experienced some form of unequal treatment from healthcare staff because they're

LGBT and One in seven LGBT people (14 per cent) have avoided treatment for fear of discrimination because they're LGBT. Therefore, using inclusive language and addressing discriminative language will make LGBTQ+ people feel more comfortable in maternity.

- When supporting the LGBTQ+ groups ask people about how they want to be addressed and share the pronouns you use. If you are unsure about the correct terminology to use **ask questions** and **educate** yourself about the LGBTQ+ acronym - [List of LGBTQ+ terms \(stonewall.org.uk\)](https://www.stonewall.org.uk)
- Recognise that the **culture** of Muslim & Asian Groups may impact on how women access public services. **Traditional values** may mean that women may prefer not to meet with male health professionals therefore the health professionals need to ask the woman what she wants not to assume. It is also important to offer interpreter services to women who do not speak English and not rely on family members or Google Translate.
- Therefore, let's aim to provide each woman with tailored individualised support (personalised care and choice) **REMEMBER Ask do not assume**

Best Practice

Building **TRUST** with the
communities

Establishing mutual **RESPECT**

BEING POSITIVE in engaging communities

Taking a **HOLISTIC (MULTIDISCIPLINARY) APPROACH**
in responding to needs and issues

RESPECTING cultural differences



Attendee Breakdown

48% of the workshop participants were midwives, 15% were Maternity Voices Representatives and 5% were nurses. The job titles of the rest of the attendees included:

- Public Health Consultants
- Lecturers in Medical Health
- Groups Participation Managers
- Maternity & Gynaecology Risk & Governance Managers
- Consultants O&G
- Clinical Network Managers
- Social Workers
- Health Visitors
- LMS Clinical Leads for Digital Maternity and Achieving Equity
- Prevention Leads - Maternity and Newborn
- Groups Engagement Leads
- General Practitioners
- Commissioning Manager
- Quality Improvement Manager
- Commissioning & PM Maternity & Neonatal
- Psychologists
- Clinical Leads
- Maternity Commissioners.

Evaluation of the Workshops

The overall rating of each workshop was excellent. Everyone who attended said that their expectations regarding the event pre-published materials were met. The overall feedback regarding the delivery of the workshops was also deemed as excellent. It is important to mention that each facilitator delivered their workshop differently, but they were all interactive and engaging with passionate examples of antenatal and postnatal service user experience. Professionals attending the sessions were encouraged to share their personal knowledge and ask questions to ensure there was opportunity to learn and discover possible practice adaptations.

Participants agreed that the content of each event was excellent and that prior to attending there was a mixture of basic or little knowledge and extensive knowledge regarding any groups group was extremely rare amongst professionals. All participants agreed that would like to attend future training events.

With regards to influencing change, after each workshops participants said:

- I hope to find a way to reach out to hear these voices more successfully.
- Highlight issues with ignorance when I see them.
- Share lessons learnt and do more outreach work.
- Link with GPs to share information.
- Feedback and share learning with colleagues.

- Teach students.
- Look at interpreting services and make sure there is more access to translated materials.
- The impact of my use of language and the use of an interpreter.
- Link with the LMNS.
- Better Cultural understanding.
- I will forward information to the MVP and share with the vulnerable women's team.
- Raise awareness of diversity in the population I serve.
- Many things – I will be looking at clinical guidelines.
- Encourage staff to ask questions.
- It's given me more understanding of cultures and how I can adapt my practice to accommodate it.
- By role modelling, helping develop inclusive policies.
- Change our intrust guidance and continue to embed inclusive language.
- Can only influence by starting to change my own language.
- Through our LMNS and trust reducing inequalities workstream and further education/ engagement.
- Through ensuring that the cultural differences are addressed in all aspects of care planned.
- By role modelling, practicing inclusivity and highlighting disparity within our service.

What Cultural Awareness Training Have You Attended Previously?

- None (majority of attendees).
- Online (e-learning).
- Nothing that has been as useful or as effective. Cultural awareness tends to problematise people who are not white/British instead of challenge practitioners' ideas. The question should be whether people are safe in the care of the particular practitioner providing the care. There should be more emphasis on cultural safety than simply knowing whether to take your shoes off in someone's house, for example. The emphasis should be on the practitioner and the power dynamic between them and service users which might lead to harmful care.
- Ethnic diversity training internally and externally via teams.
- Work – online dot training.
- Basic in-service training.
- This webinar series.
- Small amount around BAME

What Other Training Would You Find Beneficial?

- More like this – this workshop was fantastic, particularly with such passionate speakers.
- Mental health and different cultures.
- Talking to people from different backgrounds.
- I wish I could have attended all these workshops.
- More information about cultural issues.
- More In-depth sessions.
- Health – research focussed training.
- More discussions with members of the groups themselves to hear first-hand the barriers and how we can overcome them.
- Sessions like this for further roll out to more staff.

- In house training with the multi-professional team in my trust

Further Comments Included:

- I found this really eye opening and I really hope positive change can come from it.
- Thank you very much it was great.
- The most informative piece of training I've done in a long-time, I cannot praise it enough. I feel so much more confident now in this area.
- I'm really pleased that baby loss was discussed, both on the cultural and medical perspective.
- Please, please can this be a paid national service we can all access.
- Loved the workshops, they are so informative
- Thank you – excellent – informative event.
- Very interesting.
- Amazing and inspirational speakers.

What Were the Challenges and Learning Points Identified During the Project?

The project was delivered during the Coronavirus pandemic. With unprecedented pressures on the NHS and particularly maternity services, this meant that some of the professionals who wanted to attend the sessions were unable to spare the time to join. Several people asked for recordings of the workshops, but it was agreed that recording the sessions may stop participants being open in sharing their experiences and questions. The sessions were nationally recognised with people from across the UK asking to attend. Several professionals asked if it was possible for the NHS National Team to invest in this work and embed a cultural awareness training programme of work.

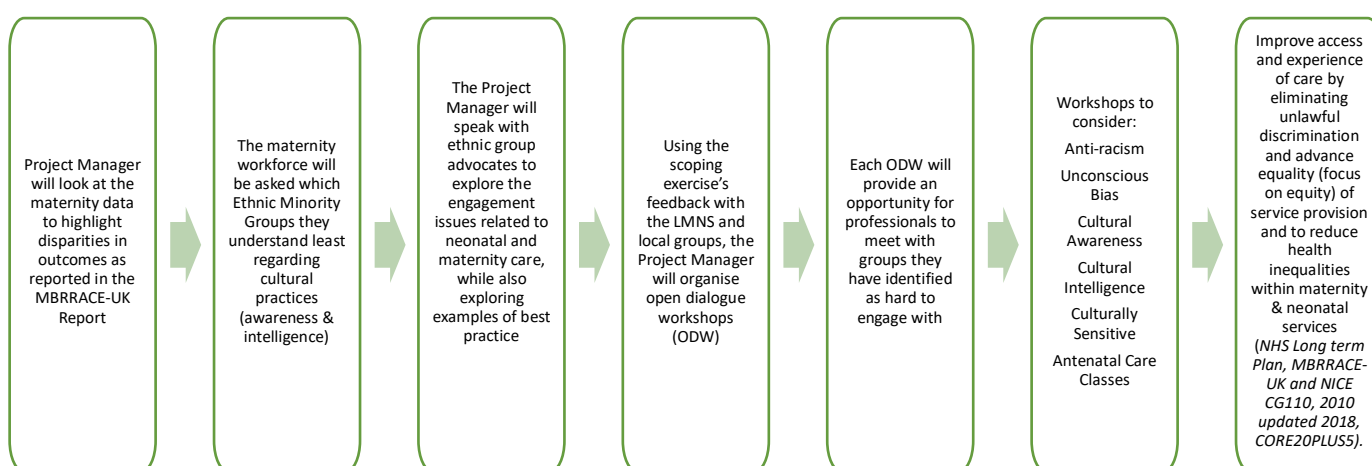
For the majority of participants, the two hour sessions were very effective at providing an introductory insight into the cultural barriers and adaptations that can be implemented when supporting these eight specific groups. We recognise that professionals would like further cultural awareness training relating to the cultural needs of many different Ethnic Minority Groups and other groups, such as teenage parents, pregnant women/people and people with learning difficulties and autistic people. This project has identified that professionals are not receiving the cultural awareness training they need and that there is a great demand amongst healthcare practitioners to learn and adapt practices to ensure they are meeting the needs of the different groups they support.

Effective Engagement and integration with Ethnic Minority Groups will take time, but developing an appropriate and sustainable cultural awareness education programme, supported by an understanding of local demographics using appropriate data, is essential. This should be complemented with Ethnic Minority Groups engagement strategies which, as highlighted by [better births](#), shows LMNS are co-designing with service users and Ethnic Minority Groups. Meeting with different Ethnic Minority Groups in suitable local venues will develop relationships and help establish trust between professionals and Ethnic Minority Groups, but this engagement has to be embedded and continuous to earn respect and develop a good reputation. It is essential that Ethnic Minority Groups are rewarded and recognised for the time and effort they provide supporting the NHS with cultural engagement to ensure continued effective collaboration.

Recommendations

It is recommended that the East of England Maternity Clinical Network, NHS England and NHS Improvement continues with the delivery of specific cultural awareness workshops. Evaluation has demonstrated that health professionals have received very limited cultural awareness training and they have found these sessions invaluable for their personal knowledge and professional practice. Unfortunately, not every practitioner who wished to attend the training was able to attend each session, therefore repeating the sessions and providing new sessions will be of great benefit to professionals, especially in supporting the delivery of the [Equity and Equality action plans](#).

Next Steps



It is recommended that the Network deliver a 12 month project scoping the engagement successes and challenges, which exist between the Local Maternity and Neonatal Systems (LMNS) and different Ethnic Minority Groups. This research will support Local Maternity and Neonatal Systems align their Equity & Equality Action Plans with the health inequalities work of Integrated Care Systems and the research will investigate how different groups perceive access to NHS healthcare and identify how groups engage with practitioners. These structured sessions will provide an opportunity for all attendees to ask questions, share experience and develop relationships whilst discussing the accessibility of personalised care support plans and identifying how these can be adapted to be better utilised. This project will provide a learning pathway to support necessary and appropriate sustainable engagement techniques for maternity and neonatal services across the East of England.

Recommendations to Local Maternity & Neonatal Systems and Providers:

- Ensure cultural awareness and cultural intelligence training/workshops are rolled out and embedded as part of the professionals mandatory training
- Ensure staff are offered training on personalised care and support, as this will add their skills and confidence in improving the data quality of ethnicity recording and supporting those pregnant women/people especially those experiencing digital exclusion

- Based on these workshops, the maternity access, experience and outcomes from each ethnic group varies tremendously. Therefore, we strongly recommend based on the Equity & Equality guidance and the feedback from these workshops that all local serious incidents investigations consider the impact of culture, ethnicity and language and clear actions are taken to address this unwarranted variation and health inequalities.
- Where possible local working groups working on addressing inequalities should ensure that people representing different groups have a Patient Partner Voice/Expert in lived experience being part of the local equity working group as this ensures that work is being carried out with or by members of the public, not To, About or For them.

Remember!

Just producing leaflets or uploading information on a website or social media platform does not mean you have reached every pregnant person.

In some groups the information must be reviewed and approved by faith leaders and groups media groups before its cascaded to the whole groups.

*The aim is to ensure it is culturally sensitive for all ages and protect innocence.

Questions to ask ourselves as part of unconscious bias in working towards a culturally sensitive service:

1. What myths, bias or prejudice do I have towards the pregnant woman / birthing person that I am about to deliver maternity care?
2. Are these myths, bias or prejudice causing a barrier in them accessing our service, or in how I am delivering care?
3. When I hear my colleague stating on handover this woman / birthing person is 'hard to reach', have I automatically categorise the care I will now deliver?
4. Are there barriers within our service that are causing me not to understand the woman / birthing person's language, e.g., none or no interpreting services?
5. Do we have guidelines and / or policies that support us to deliver better care to support our ethnic minority and LGBTQ+ population, e.g., interpreting services, chest feeding (infant feeding), trans-gender birthing, preference to have a doula or other named person as birth partner (not spouse)?

6. When making any service change or development, do you have all the right people in the room representing or advocating for the groups you service?
7. Have I ever attended a cultural awareness / cultural intelligence / cultural competence training or workshop? If not, when?
8. What other steps can I take to engage better with people around me that are not from my ethnic background to create an equal and inclusive environment?

Consider!

Next time you refer to someone as a Gypsy or Traveller, what are you referring to their culture or ethnicity?

Summary

The development of this project was set with a vision to support health professionals and MVPs, so that they start delivering a more multi-cultural holistic approach within maternity and neonatal services and mainly focusing on the health needs and experience of ethnic minority pregnant women and marginalised groups in order to improve access, experience and outcomes.

Over a period of seven months, a total of 324 participants attended the virtual workshops; coming from different professional roles and service user representative groups from different parts of the country. The workshops gave an opportunity for participants to have a safe space to ask those questions that one would not dare to ask in our day-to-day lives and I believe any unconscious bias that any of us had about people from various groups, was addressed in each workshop.

Each of the workshop facilitators was able to highlight the language that people use to refer to their groups, and sadly some of it was so racist and discriminatory that some participants chose not to record their ethnicity when completing any demographic information. This only goes to prove why we continue to have a lot of the 'unknown / not recorded / not stated' information within our maternity and neonatal data collection. Using some of the elements of the East of England Anti-Racism Strategy, there is opportunity to support people to acknowledge and challenge racism within our systems, leading to better engagement with our groups and build inclusive services.

In summary, this report highlights that we need to take more action in supporting the women / birthing people and their babies, especially those from ethnic minority, marginalised and LGBTQ+ groups. By taking ownership of these actions we will ensure the drive towards safe and quality changes within our systems. Addressing inequalities and health inequalities is challenging and can be very lonely space for many professionals but, with cultural awareness training and cultural intelligence, we can build organisations and systems that are equitable.

Achievements

This project was part of the Maternity & Neonatal Looking Beyond Programme (East of England Regional Maternity & Clinical Network NHS England & NHS Improvement) and has been recognised nationally.

- BAPM Gopi Menon Awards – Specially Commended for the award for Supporting the Perinatal Team (October 2021).
- Finalist Nursing Times Awards 2021, HRH The Prince of Wales Award for Integrated Approaches to Care.

Thanks and Gratitude

Delivery Of Workshops

A big thank you goes to all the facilitators and speakers who supported this project and delivered great workshops. Thank you to the service users who shared their experiences via videos, statements and joining the workshops; your contributions are invaluable.

Funding

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“When a person thinks they are leading and has no one following them, then they are only taking a walk”.

African proverb

Resources

Theme	Facilitators	Resources
LGBT+ Groups	AJ Silver The Queer Birth Club	<ul style="list-style-type: none"> • The Queer Birth Club • Maternity Care for LGBTQ+ People - How can we do better? All4Maternity • He's not the mother AIMS
African Groups	Rachel Walton African Families in the UK (AFIUK) CIC BAME Groups Development Consultant/Co-Founder	<ul style="list-style-type: none"> • Our Vision & Aims AFIUK • FIVEXMORE • Being seen, being heard: Improving maternity care for black women (rcm.org.uk) • Reports NPEU > MBRRACE-UK (ox.ac.uk)
Orthodox Jewish Groups	Sarah Weiss and Malki Davidovits The Interlink Foundation	<ul style="list-style-type: none"> • Home - Interlink Foundation (interlink-foundation.org.uk) • Caring For A Jewish Patient - A Guide For Medical Professionals - Jewish Visiting (jvisit.org.uk) • JCR-UK: Jewish Groups in England listed geographically (jewishgen.org)
Gypsy and Traveller Groups	Shaynie Larwood Lead Nurse Gypsy and Traveller Health Cambridgeshire County Council	<ul style="list-style-type: none"> • Understanding health needs of the Traveller groups RCP London • Who are One Voice 4 Travellers – One Voice 4 Travellers • Gypsy and Irish Traveller Groups - EELGA SMP • Home Gate Herts
Roma Groups	Gaba Smolinska-Poffley Roma Support Group	<ul style="list-style-type: none"> • ROMA SUPPORT GROUP - Home • The Roma Groups in the East of England - EELGA SMP • Right to Health for Gypsies, Travellers, Roma and Showmen families in the East of England ARC east of England (nhr.ac.uk)
South Asian Groups	Faiza Rehman, Midwife, F.O. Raham Project Ferzana Kusair	<ul style="list-style-type: none"> • (1) Raham Project Facebook • ASAM Midwives (asamidwives.co.uk) • Acacia Family Support Postnatal Depression Support Services BAME Black, Asian and Multi Ethnic Mums / Dads
Eastern European Groups	Monika Frak – PBIC	<ul style="list-style-type: none"> • web-ang.pdf (wordpress.com) • Overview - Refuge - Eastern European Advocacy Service - NHS (www.nhs.uk) • www.eeac.org.uk/#/

		<ul style="list-style-type: none"> • The Rosmini Centre Conference London (rosminicentrewisbech.org)
Asylum Seekers and Refugees	Rose McCarthy – City of Sanctuary, Maternity Stream	<ul style="list-style-type: none"> • Asylum Support: policy and practice in relation to pregnant women and new mothers - Refugee Council • A policy note on barriers experienced by refugees and people seeking asylum when accessing health services. - Refugee Council • Resources for medics - Doctors of the World
Working with Ethnic Minority Groups		<ul style="list-style-type: none"> • The Bias Trap - A Way Forward - Welcome (southeastclinicalnetworks.nhs.uk) • Cultural Diversity Report Sept... (eelga.gov.uk) • Equity in Healthcare - EELGA SMP • Reports NPEU > MBRRACE-UK (ox.ac.uk) • NHS England » NHS boosts support for pregnant black and ethnic minority women • Equity and equality: Guidance for local maternity systems (england.nhs.uk)
Project Leads	Tendai Nzirawa	<ul style="list-style-type: none"> • RN (Adult), RSCN, BSc, MSc Maternity Clinical Improvement Lead Eastern AHSN (Academic Health Science Network) • Email: Tendai.Nzirawa@eahsn.org • Phone: 01223 661 515 • Twitter: @tendai_nzirawa
	Rachel Heathcock	<ul style="list-style-type: none"> • Senior Policy Officer Equality in Health and Cultural Awareness in Maternity, Neonatal and Perinatal Mental Health • Strategic Migration Partnership • East of England Local Government Association • Email: Rachel.Heathcock@eelga.gov.uk • Phone: 07852 995418 • Twitter: @RachelHeathcoc2

Attendee Job Titles

50% over the participants were from Neonatal, Maternity and Perinatal Mental Healthcare.

- Better Births Lead Midwife
- Digital Lead Midwife
- Lead Quality Midwife
- Better Births Project Midwife
- LMNS Programme Support Midwife
- Senior Midwifery Sister

- Practice Development Midwife
- Named Midwife for Safeguarding
- Lead Midwife for Perinatal Mental Health
- Neonatal Sister
- Quality Improvement Midwife
- Specialist Safeguarding Midwife
- Head of Midwifery
- BLMK Public Health Midwife
- Maternal Emotional Wellbeing Midwife
- Continuity of Carer Lead Midwife
- Transformation Midwife
- Quality and Safety Governance Midwife
- Risk & Governance Midwife
- LMNS Lead Digital Midwife.

15% of attendees were from Maternity Voices Partnerships.

- Chair Maternity MK
- MVP Link Representative and Comms Lead, Herts and West Essex LMNS
- Chair Western Sussex MVP
- East Sussex MVP Vice Chair
- Chair of QEH MVP (West Norfolk)
- Maternity Voices Partnership
- Norwich MVP Service User Chair
- MVP Link Representative and Comms Lead
- SASH MVP Co-Chair.

Nurse Practitioners including:

- Nurse Practitioner
- Clinical Nurse Specialist
- Perinatal Mental Health Nurse
- Neonatal & Paediatric Nurse
- Clinical Nurse Specialist
- Neonatal Nurse
- Lead Nurse
- Nurse Co-ordinator.

The job titles of other attendees include:

- National Maternity Lead for Equality
- E of E Neonatal ODN Lead Care Coordinator
- Clinical Psychologist
- Maternity Commissioner
- Head of Clinical Delivery Perinatal Mental Health
- Health Inequalities Manager
- Assistant Screening and Immunisation Coordinator

- PH Prevention Strategic Manager for Maternity
- Clinical Lead-Better Births Project
- Personalisation Delivery Lead
- Project Manager - Neonatal ODN
- Clinical Lead-Better Births Project
- Perinatal Mental Health Practitioner
- Clinical lead
- GP
- Paramedic
- Nurse Education and Programme Lead
- Development and Commissioning Officer
- Maternity Champions Borough Manager
- Safeguarding Children Advisor
- Groups Neonatal Sister
- Quality Manager for Maternity
- Consultant O&G
- Clinical network manager
- Site Lead Infection Prevention & Control
- Data Research Analyst
- Specialist Health Visitor for Homeless Families
- Groups Participation Manager
- Maternity & Gynaecology Risk & Governance Manager
- Public Health
- Consultant in Public Health
- Lecturer in Clinical Medical Education
- Lecturer in Health Sciences
- Groups Participation Manager
- Maternity SUV Lead for London.

Location of Attendees from outside the East of England

1. East London NHS Foundation Trust
2. Central Northwest London Trust
3. Frimley Health NHS Foundation Trust
4. South-West Neonatal Network
5. Croydon University Hospital
6. University of Southampton
7. Cheshire & Merseyside Women's & Children's Service Partnership
8. Lancashire Teaching Hospitals
9. Royal United Hospitals Bath
10. Virgin Care Services Ltd
11. The West of England Academic Health Science Network
12. Guy's and St Thomas' NHS Foundation Trust
13. 0-19 Public Health SBC
14. Somerset CCG
15. East Midlands Academic Health Science Network

16. Whittington Health
17. North Tees & Hartlepool NHS Foundation Trust
18. NHS England and NHS Improvement - London
19. Staffordshire and Stoke on Trent Clinical Commissioning Groups
20. Bath, NE Somerset, Swindon and Wiltshire Maternity Voices Partnership
21. Southwest Neonatal Network
22. Buckinghamshire Healthcare NHS Trust
23. Countess of Chester
24. Lancashire and South Cumbria Health and Care Partnership
25. Oxfordshire Mind / Oxford Health NHS
26. Surrey & Sussex Healthcare Trust
27. Taunton Musgrove Park
28. East Sussex Healthcare Trust NHS
29. Northwest London CCG
30. Cheshire & Merseyside Women's & Children's Service Partnership
31. Public Health England (embedded in NHSE/I)
32. NCL Perinatal Mental Health Service - Camden and Islington Mental Health Trust
33. Reading, Wokingham & West Berks MVP
34. Ashford & St Peter's Hospital's Maternity Voices Partnership
35. NHS England South-East
36. The University of Manchester Foundation Trust
37. Buckinghamshire Healthcare NHS Trust
38. NHS Sheffield CCG
39. NHS Gloucestershire CCG
40. The Northern Care Alliance
41. Brighton & Hove, Eastbourne and Hastings - Sussex
42. North London Partnership
43. Gloucestershire NHS Foundation Trust
44. Northampton NHS Trust
45. NHS Gloucestershire CCG
46. The University Hospitals Bristol and Weston NHS Foundation Trust
47. Royal Berkshire Hospital Foundation Trust
48. Oxford Health NHS Trust
49. NCL Perinatal Mental Health Service - Camden and Islington Mental Health Trust
50. Greater Manchester and Eastern Cheshire LMS
51. London Maternity Clinical Network
52. Reading Maternity Voices
53. Barnsley Hospital
54. Maternity Voices Partnership BaNES, Swindon & Wiltshire
55. Taunton & Somerset NHSFT
56. Gloucester Hospital NHS Foundation Trust
57. Musgrove Park Hospital
58. University of Huddersfield
59. North London Partnership
60. Oxford Health NHS and Oxfordshire Mind
61. Somerset LMNS

62. East Sussex Maternity Voices Partnership (MVP)
63. Ashford and St Peters Hospital
64. Yeovil District Hospital NHS Foundation Trust
65. Kings' college Hospital
66. Northwest London CCGs
67. North Tees and Hartlepool NHS Foundation Trust
68. Imperial College Healthcare NHS Trust
69. Newcastle Gateshead CCG
70. Queen Charlotte's and Chelsea Hospital
71. Gloucestershire Health and Care NHS Foundation Trust
72. Royal Borough of Kensington and Chelsea
73. University Hospital Southampton NHS FT/PHE.